



Evaluation of Progress Toward Doctoral Degree (incl. FLORS)

Student Name:

Date this form was completed by the student and submitted to the advisor:

I was admitted in the _____ semester of _____ (year), therefore I have been a graduate student in the department for _____ years.

Advisor's name:

Do you have a functional advisor elsewhere (e.g., practicum site) Yes No

Functional Advisor's Name:

Functional Advisor's Affiliation:

Extensions:

Has the graduate school granted you additional time to complete your degree? YES NO

Requirement Extended:

New Requirement Completion Date:

Leaves of Absence:

Has the graduate school granted you a leave of absence at any time? YES NO

Dates:

Coursework Complete?

(all boxes must be checked "Yes" below to meet requirement)

Course Requirement

- Principles of Behavior I (3 credit hrs)
- Research Methods I (3 credit hrs)
- Legal/Ethical Issues (1 or 3 credit hrs)
- Applied Behavior Analysis I (3 credit hrs)
- Conceptual Foundations I (3 credit hrs)
- Principles of Behavior II (3 credit hrs) **or**
 Conceptual Foundations II (3 credit hrs)
- Research Methods II (3 credit hrs)
- Applied Behavior Analysis II (3 credit hrs)
- Research or Intervention Pract. – Credit Hrs:
- Thesis Hours – Credit Hrs Completed:
- Dissertation Hours – Credit Hrs Completed:

YES NO

Completed/Waived?

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Additional Student Comments re: Coursework (OPTIONAL):

Supervisor/Advisor Comments re: Coursework (OPTIONAL):

Master's Thesis Complete/Waived?	
<i>(all boxes must be checked "Yes" below to meet requirement)</i>	
Task	Complete/Waived?
Idea for the project decided on and approved by advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
IRB/HSC or IACUC approval received. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
All data collected. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Primary data analyses completed. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Initial draft of complete thesis submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final draft of thesis submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thesis defense date.	
Thesis Successfully Defended. If NO, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Student Comments re: Thesis (OPTIONAL):

Supervisor/Advisor Comments re: Thesis (OPTIONAL):

Pro-seminar Requirement met?

(all boxes must be checked "Yes" below to meet requirement)

YES NO

Pro-seminar I (Master's Level) Completed?

If Yes, Date:

YES NO

If No, Scheduled/Planned Date:

Pro-seminar Requirement II (Doctoral Level) met?

If Yes, Date:

YES NO

If No, Scheduled/Planned Date:

Additional Student Comments re: Pro-sem (OPTIONAL):

Supervisor/Advisor Comments re: Pro-sem (OPTIONAL):

Editorial Critique Requirement met?

(all boxes must be checked "Yes" below to meet requirement)

YES NO

1. Editorial Critique I Met?

YES NO

If Yes:

- Date Completed:
- Approved By:

If No, Date Scheduled/Planned:

2. Editorial Critique II Met?

YES NO

If Yes:

- Date Completed:
- Approved By:

If No, Date Scheduled/Planned:

3. Editorial Critique III Met?

YES NO

If Yes:

- Date Completed:
- Approved By: (1) ; (2) ; (3)

If No, Date Scheduled/Planned:

Additional Student Comments re: Editorial Critiques (OPTIONAL):

Supervisor/Advisor Comments re: Editorial Critiques (OPTIONAL):

Student Teaching Requirement met?

YES NO

(all boxes must be checked "Yes" below either Option A or B to meet requirement)

I am completing option: A B

Option A

Task	Complete?
Completed GTA requirement. If Yes, indicate course number for: <ul style="list-style-type: none"> • .50 position • Two .25 positions: ; If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Obtained numeric student evals of teaching efficacy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attended 2 teaching-relevant CTE sessions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wrote a teaching philosophy statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Submitted the above materials with my advisor's approval	<input type="checkbox"/> YES <input type="checkbox"/> NO

Option B

Task	Complete?
Completed GTA requirement. If Yes, indicate course number for: <ul style="list-style-type: none"> • .50 position • Two .25 positions: ; If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Obtained numeric student evals of teaching efficacy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Earned a B or higher in LA&S 792	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wrote a teaching philosophy statement	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Student Comments re: Teaching (OPTIONAL):

Supervisor/Advisor Comments re: Teaching (OPTIONAL):

Written & Oral Comp Exam Requirement Met

YES NO

If Yes, Date Completed:

If No, Date Scheduled/Planned:

If granted an extension, extended deadline:

If you are pursuing a comprehensive examination under older requirements (i.e., pre-written/oral option), please describe your requirement and progress to date below:

Additional Student Comments re: Comps (OPTIONAL):

Supervisor/Advisor Comments re: Comps (OPTIONAL):

FLORS Requirement Approved?

YES NO

The FLORS may be met by (a) proficiency in productive and receptive spoken language other than English or in sign language, (b) reading proficiency in two languages other than English, (c) competence in both computer programming and computer applications, (d) completing *three thematically related* courses beyond those required to satisfy the doctoral requirements in ABS (e.g., research methods, quantitative methods, epidemiology, health psychology, law, linguistics, rehabilitation, public health, etc.), (e) at least two *first-author* publications in peer-reviewed journals, or (f) at least three *first-author* scholarly presentations at professional meetings (no more than one of which may be a poster).

Please indicate the option your are pursuing or have completed. If you have completed the requirement for your option and have received approval, you may check "Yes" for having your FLORS requirement approved above.

If Options E or F are selected, please include only the parenthetical citation for your work (e.g., [Baer, Wolf, & Risley, 1968]) along with the corresponding page number from your vite where the full citation may be found.

Option A

Date Approved:

Language:

Option B

Date Approved:

Languages: (1) ; (2)

Option C

Date Approved:

Option D

Date Approved:

Courses: (1) ; (2) ; (3)

Option E

Date Approved:

Citation 1: ; see pg. of my vita

Citation 2: ; see pg. of my vita

Option F

Date Approved:

Citation 1: ; see pg. of my vita

Citation 2: ; see pg. of my vita

Citation 3: ; see pg. of my vita

Additional Student Comments re: FLORS (OPTIONAL):

Supervisor/Advisor Comments re: FLORS (OPTIONAL):

Dissertation Complete?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>(all boxes must be checked "Yes" below to meet requirement)</i>				
Task	Complete?			
Dissertation topic selected and approved by advisor. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IRB/HSC or IACUC approval received. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
All data collected. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Data completely analyzed. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
First draft of complete dissertation submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation completed and submitted to advisor If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation committee identified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation defense date.				
Dissertation Successfully Defended. If NO, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Additional Student Comments re: Dissertation (OPTIONAL):

Supervisor/Advisor Comments re: Dissertation (OPTIONAL):

Professional Development

Please attach a copy of your curriculum vitae. In the sections below, please note on which page(s) of your curriculum vitae the requested information can be found.

- A. PUBLICATIONS – Total #: ; See page(s)
- B. GRANT PROPOSALS - Total #: ; See page(s)
- C. PRESENTATIONS/PAPERS/WORKSHOPS - Total #: ; See page(s)
- D. COMMUNITY AND PUBLIC SERVICE - See page(s)
- E. TEACHING EXPERIENCE - See page(s)
- F. CONSULTANTSHIPS - See page(s)
- G. AWARDS - See page(s)
- H. OTHER - See page(s)

Additional Student Comments re: Prof. Dev. (OPTIONAL):

Supervisor/Advisor Comments re: Prof. Dev. (OPTIONAL):

Inadequate Progress:

Were you asked to create a timeline last year because the Committee determined that you were making less-than-adequate progress?

YES NO

If Yes, in the space below, list all of the milestones that were on your timeline and indicate if each was completed on time. Please list as milestones only those things that we can objectively verify (e.g., thesis defended). Don't list minor events that would be difficult to document (e.g., completing the literature review of your thesis).

Milestone (e.g., 2 nd comprehensive exam)	Proposed Completion Date	Actual Completion Date

Additional Student Comments re: Inad. Prog. (OPTIONAL):

Supervisor/Advisor Comments re: Inad. Prog. (OPTIONAL):

